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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

4

Application Number

10/811,038

Filing Date

3/26/2004

First Named Inventor

Daniel F. Justin, et al.

Art Unit

Examiner Name

Attorney Docket Number

MLJ-05 NPROV

ENCLOSURES (Check all that apply)

Fee Transmittal Form



Fee Attached



Amendment/Reply



After Final



Affidavits/declaration(s)



Extension of Time Request



Express Abandonment Request



Information Disclosure Statement



Certified Copy of Priority Document(s)

Reply to Missing Parts/
Incomplete ApplicationReply to Missing Parts
under 37 CFR 1.52 or 1.53

Drawing(s)



Licensing-related Papers



Petition



Petition to Convert to a



Provisional Application



Power of Attorney, Revocation



Change of Correspondence Address



Terminal Disclaimer



Request for Refund



CD, Number of CD(s) _____

☐ Landscape Table on CD☐ Remarks

Certificate of Correction



After Allowance Communication to TC

Appeal Communication to Board
of Appeals and InterferencesAppeal Communication to TC
(Appeal Notice, Brief, Reply Brief)

Proprietary Information



Status Letter

Other Enclosure(s) (please identify
below):**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

MedicineLodge, Inc.

Signature

/David Meibos/

Printed name

David Meibos

Date

8-3-06

Reg. No.

45,885

CERTIFICATE OF TRANSMISSION/MAILING

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Signature

/Kathleen Hansen/

Typed or printed name

Kathleen Hansen

Date

8/3/2006

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

FEE TRANSMITTAL For FY 2006 (As of 01/01/2006)				Complete if Known																																																																																																																																																																																																	
<input type="checkbox"/> Applicant Claims small entity status.				Application Number 10/811,038		Filing Date 3/26/2004																																																																																																																																																																																															
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